



# Health Consumer Bills in the 2010 Legislative Session

Below is a list of health consumer bills introduced at the beginning of the 2010 legislative session of the California State Legislature. This list includes the position of Health Access California and will be updated at [www.health-access.org](http://www.health-access.org).

## ▶ Health Legislation Introduced in 2010

### Comprehensive Health Reform

<b>SB 810</b> Leno	<b>CALIFORNIA HEALTHCARE SYSTEM:</b> Would establish the California Healthcare System, a single-payer health care system in the state that would enable all residents to obtain health coverage.	<i>Support</i>
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### Implementing Federal Health Reform

<b>AB 1602</b> Bass	<b>CALIFORNIA PATIENT PROTECTION &amp; AFFORDABLE HEALTH CHOICES:</b> Would create the California Cooperative Health Insurance Purchasing Exchange (Cal-CHIPE) and expand dependent coverage in private insurance to age 26.	<i>Support</i>
<b>SB 900</b> Alquist	<b>CALIFORNIA HEALTH INSURANCE EXCHANGE:</b> Would establish the California Health Insurance Exchange within the California Health and Human Services Agency to make health coverage available and create the California Health Insurance Exchange Fund to be governed by a board appointed by the Legislature.	<i>Support</i>
<b>SB 890</b> Alquist	<b>IMPLEMENTING FEDERAL HEALTH REFORM:</b> Would state the intent of the Legislature to implement federal health care reforms by enacting specified legislation in that regard.	<i>Support</i>

### Expanding Coverage Options

<b>SB 56</b> Alquist	<b>PUBLIC OPTION:</b> Would authorize county-organized health plans and other health benefits programs to form joint ventures in order to create integrated networks of public health plans that pool risk and share networks, subject to the requirements of the Knox-Keene Act.	<i>Support</i>
<b>SB 1088</b> Price	<b>YOUNG ADULT COVERAGE:</b> Would require group health plans to allow young adults to continue on coverage as a dependent up to age 27, however employers are not required to contribute to the cost of coverage for those dependents 23 or older.	<i>Support</i>
<b>SB 838</b> Strickland	<b>CAL-COBRA EXTENSION:</b> Would require Cal-COBRA health plans provide notice of the availability of an extension of premium assistance for qualified individuals who experience were involuntarily terminated from their job between January 1, 2010, and February 28, 2010 through the federal Department of Defense Appropriations Act.	<i>Support/ Amend</i>
<b>AB 2259</b> Galgiani	<b>MULTIPLE EMPLOYER WELFARE ARRANGEMENTS:</b> Would allow two or more non-profit entities to form a health plan (Multiple Employer Welfare Arrangements or MEWAs), which would be exempt from the licensure, certification, and fiscal solvency requirements of the Knox-Keene Act.	<i>Oppose</i>



### Individual Insurance Market Reforms

<b>AB 786</b> Jones	<b>INSURANCE MARKET STANDARDS:</b> Would sort health insurance policies into a number of categories, based on benefit comprehensiveness and cost-sharing. Organization of plans into these categories and standard terminology would enable consumers to better track premium, benefits and cost-sharing, and assist consumers in making comparisons across plans.	<i>HAC Sponsor</i>
<b>AB 2110</b> De La Torre	<b>PREMIUM GRACE PERIODS:</b> Would extend the grace period for premium payments from 10 or 31 days up to 50 days for most plans regulated by the Department of Insurance.	<i>HAC Sponsor</i>
<b>AB2042</b> Feuer	<b>ANNUAL RATE HIKES, ANNUAL CHANGES IN PRODUCT:</b> Insurers and HMOs cannot change or increase premiums, cost sharing or benefits more often than once a year.	<i>HAC Sponsor</i>
<b>AB2244</b> Feuer	<b>KIDS COVERAGE:</b> Requires guaranteed issue, eliminates all pre-existing condition exclusions and phases in modified community rating for children under age 19 in the individual market	<i>HAC Sponsor</i>
<b>AB 2470</b> De La Torre	<b>MEDICAL UNDERWRITING:</b> Would require regulations to be created that establish standard information and health history questions used by health insurers on application forms, and required insurers to complete medical underwriting and review for accuracy before issuing an individual a health plan contract or policy.	<i>Support</i>

### Insurance Benefit Mandates

<b>AB 1825</b> De La Torre	<b>MATERNITY CARE:</b> Would require most health plans to cover maternity services.	<i>Support</i>
<b>AB 1600</b> Beall	<b>MENTAL HEALTH PARITY:</b> Would require most health plans to provide coverage for the diagnoses and treatment of a mental illness.	<i>Support</i>
<b>SB 1104</b> Cedillo	<b>DIABETES DISEASE MANAGEMENT:</b> Would require health plans to provide coverage for the diagnosis and treatment of diabetes-related complications.	<i>Support</i>
<b>AB 2587</b> Berryhill	<b>TYING BENEFIT MANDATE REQUIREMENTS TO UNEMPLOYMENT RATE:</b> Would exempt insurance plans issued after January 1, 2011 from complying with state benefit mandate requirements until the Department of Managed Health Care declares that the state unemployment rate is no more than 5.5% for at least one year.	<i>Oppose</i>



Insurance Market Oversight & Reforms

<b>AB 1521</b> Jones	<b>BROKER COMPENSATION:</b> Would place limits on how health insurance brokers are compensated by insurers.	<i>HAC Sponsor</i>
<b>AB 2578</b> Jones	<b>RATE APPROVAL:</b> Would require approval by the Department of Managed Health Care or the Department of Insurance of an increase in the amount of premium, co-payment, coinsurance, deductible or other charges under a health plan.	<i>Support</i>
<b>SB 1163</b> Leno	<b>SUNSHINE ON PRICE GOUGING:</b> Would require health plans to provide, in writing, specific reasons for denial of coverage or for charging higher than the standard rates for coverage.	<i>HAC Sponsor</i>
<b>SB 316</b> Alquist	<b>MEDICAL LOSS RATIO:</b> Would require health plans to provide written disclosure of the medical loss ratio (the ratio of premium costs to health services paid) when presenting a plan contract or policy for sale to an individual purchaser or to groups of 50 or fewer individuals.	<i>Support</i>
<b>AB 2170</b> Lowenthal	<b>CONTINUITY OF PRESCRIPTION DRUG COVERAGE:</b> Would prohibit an insurer from changing the cost sharing (copayments, deductible, etc.) for prescription drug coverage benefits for the length of the individual's contract or policy.	<i>Support</i>
<b>AB 1759</b> Blumenfield	<b>PREMIUM RATE CHANGES:</b> Would prohibit health insurers from using a change in demographics or enrollment as the basis for a premium rate change during the length of a contract for group coverage.	<i>Support</i>
<b>AB 1826</b> Huffman	<b>PAIN TREATMENT PRESCRIPTION DRUGS:</b> Would prohibit an insurer from requiring a patient to use a pain treatment drug other than the one prescribed to them prior to authorizing the treatment prescribed by the health care provider.	<i>Watch</i>
<b>AB 1904</b> Villines	<b>OUT-OF-STATE INSURANCE CARRIERS:</b> Would allow an insurance carrier domiciled in another state to offer, sell, or renew a health care service plans in California without being licensed or certified by the appropriate state agency, and those plans will be exempt from California's requirements if the plans comply with the requirements of the domiciliary state.	<i>Oppose</i>

Provider Oversight & Consumer Protections

<b>AB 1503</b> Lieu	<b>EMERGENCY ROOM PHYSICIAN FAIR PRICING:</b> Would limit the amount that emergency room physicians and surgeons can charge an uninsured or underinsured patient with income below 350% of the federal poverty level.	<i>HAC Sponsor</i>
<b>AB 1653</b> Jones	<b>HOSPITAL QUALITY ASSURANCE FEE:</b> Would impose a "quality assurance fee" on all non-exempt general care hospitals as a condition of participation in state health programs, with the funds used to increase Medi-Cal reimbursements to hospitals and for children's coverage.	<i>Support</i>
<b>AB 2334</b> Salas	<b>BILLING COLLECTIONS ON INTEREST AND LATE FEES:</b> Would prohibit a medical care provider from charging, assessing, or collecting, directly or through a collection agency or other intermediary, any interest on, or late fees or charges arising out of any unpaid balance on a medical bill, and requires them to provide notice to this effect in at least 12-point type.	<i>Support</i>
<b>AB 2112</b> Monning	<b>PRESCRIPTION RECORD PRIVACY ACT:</b> Would prohibit a person from knowingly disclosing or using regulated records that include prescription information containing individual identifying information for marketing a prescribed product, and failure to comply is subject to an administrative penalty of at least \$10,000.	<i>Support</i>



**MRMIB Programs: Healthy Families Program & MRMIP High-Risk Insurance Pool**

<b>SB227</b> Alquist	<b>FUNDING FOR MRMIP:</b> Creates fee on insurers to support California’s high risk pool.	<i>Support</i>
<b>AB 1887</b> Villines	<b>FEDERAL FUNDING FOR MRMIP:</b> Would authorize MRMIB to apply for federal funding for the purpose of extending the MRMIP program to more applicants.	<i>Amend</i>
<b>SB 1095</b> Aanestad	<b>HEALTH SAVINGS ACCOUNTS IN MRMIP:</b> Would require the Managed Risk Medical Insurance Board to offer at least one high-deductible health plan and Health Savings Account option in the MRMIP high-risk pool.	<i>Oppose</i>
<b>SB 1063</b> Cox	<b>COPAYMENTS IN HEALTHY FAMILIES PROGRAM:</b> Would increase the total maximum annual copayments allowed in the Healthy Families Program from \$250 per family to \$350 per family, and would delete a provision that prohibits copayments in the Healthy Families Program from exceeding the copayment level established for state employees through CalPERS.	<i>Oppose</i>

**Medi-Cal & Federal Medicaid Waiver**

<b>SB 966</b> Alquist	<b>MEDICAL HOMES:</b> Would require DMHC to develop a definition of “medical home” and timetable for providing Medi-Cal enrollees with a medical home.	<i>Watch</i>
<b>AB 2477</b> Jones	<b>CONTINUOUS ELIGIBILITY:</b> Would adopt federal option to expand continuous eligibility in Medi-Cal to children 19 years of age and younger.	<i>Support</i>
<b>AB 2025</b> De La Torre	<b>MEDI-CAL HOSPITAL WAIVER:</b> Would continue the implementation of the Medi-Cal Hospital/Uninsured Care Demonstration Project Act, and require the Department of Health Care Services to submit to the federal Centers for Medicare and Medicaid Services proposed amendments to the Medi-Cal state plan before the current waiver expires on September 1, 2010.	<i>Support</i>
<b>AB 2352</b> Perez	<b>ORGAN TRANSPLANTATION ANTI-REJECTION MEDICATION:</b> Would a Medi-Cal beneficiary to remain eligible for coverage of anti-rejection medication for up to two years following an organ transplant, unless during that period the beneficiary becomes eligible for Medicare or private health insurance that would cover the medication.	<i>Support</i>
<b>AB 2174</b> Beall	<b>PEDIATRIC SUBACUTE CARE HOURS:</b> Would require the State Department of Health Care Services to waive regulatory requirements and allow a pediatric subacute care unit to reduce its respiratory therapy hours by one hour per patient day, thereby reducing the required minimum numbers of hours per patient day to each ventilator dependent patient.	<i>Watch</i>



Public Health, Prevention, & Quality

<b>AB 1640</b> Evans	<b>BREAST AND CERVICAL CANCER SCREENING:</b> Would express the intent of the Legislature that the demand for the breast and cervical cancer screening program for low-income women be met and that at least 90 day notification be made to the Legislature before any change in eligibility requirements is made.	<i>Watch</i>
<b>SB 836</b> Oropeza	<b>BREAST CANCER SCREENING:</b> Would require the Department of Public Health to to individuals of any age who are exhibiting symptoms and with a physician's recommendation, and individuals 40 years of age or older who meet the state eligibility requirements; and would a appropriate some amount of funds for the breast and cervical cancer early detection program.	<i>Support</i>
<b>SB 1200</b> Leno	<b>TIMELY SCHOOL-BASED CARE FOR CHILDREN:</b> Would add timeliness of care for school-age children who must receive medically necessary services during school hours as one of the indicators of timeliness in the timely access to care standards adopted by the Department of Managed Health Care.	<i>Support/ Amend</i>

Health Savings Accounts

<b>AB 2041</b> Villines	<b>TAX DEDUCTION:</b> Would change state personal income tax law to conform with federal law by allowing for a tax deduction for contributions to health savings accounts and other medical savings accounts for taxable years beginning January 1, 2010.	<i>Oppose</i>
<b>AB 2539</b> Smyth	<b>TAX DEDUCTION:</b> Would state intent of Legislature to pass a bill to change state personal income tax law to conform with federal law by allowing for a tax deduction for contributions to health savings accounts and other medical savings accounts.	<i>Oppose</i>
<b>SB 1262</b> Aanestad	<b>HEALTH SAVINGS ACCOUNTS IN CALPERS:</b> Would establish a fund to manage qualified medical expenses for members of the California Public Employees Retirement System (CalPERS) who choose a high-deductible health plan and Health Savings Account option.	<i>Oppose</i>



This bill list was prepared by Health Access, a statewide coalition of consumer, labor, ethnic, senior, faith, and other organizations that has been dedicated to achieving quality, affordable health care for all Californians for over 20 years. Please visit our website and read our daily blog at [www.health-access.org](http://www.health-access.org).